



COUNTY OF ERIE

MARK C. POLONCARZ

ERIE COUNTY EXECUTIVE

GALE R. BURSTEIN, MD, MPH
COMMISSIONER OF HEALTH

DEPARTMENT OF HEALTH

Division of Public Health Laboratories and Environmental Health
Office of Environmental Health Services
LEADS SAFE Erie County

Lead Assistance Program (HUD) - Letter of Intent

I / We, the undersigned owner(s) of the property located at _____ in the County of Erie, New York State, hereby apply for participation in the LEADS SAFE ERIE COUNTY HUD-funded Lead Assistance Program. I / We understand that the property is being considered for lead identification and interim control or abatement. I / We understand that the next step in the qualification process is to have the property inspected for the presence of lead hazards.

I / We acknowledge that once the paint inspection / risk assessment is complete that any deteriorated lead based paint areas must be corrected within a reasonable time, whether the property is further enrolled into the program or not. I / We understand that further enrollment is to be determined by income qualification of the occupants of the above property, and that the combined income of the family residing at said property must fall at or below 80% of the mean Erie County income for that family size.

I / We also understand that any residents at the above named property are required to receive advance written notice of the prospective lead hazard control activities and that temporary relocation may be required.

I / We hereby give my / our consent to LEADS SAFE ERIE COUNTY to proceed with the lead paint inspection / risk assessment.

I / We, as the owner of the above named property, understand that initiation of interim controls / abatement is dependent on the total cost of all lead hazard control work, and that if the program performs interim controls / abatement at the above noted property, said property will be brought to lead-safe standards. All interior and external components, common areas, outbuildings, and areas of bare soil found to contain lead hazards will be treated. It is further understood that I / we agree to the terms of owner contribution to the cost of labor and materials for the treated property set forth as follows and as determined by my immediate family's total household income, and that I / We may "opt out" of supplying verification of household income and elect, at My / Our option, to pay the maximum owner contribution, amounting to 12 percent of the total cost of labor and materials:

<u>Household Income</u>	<u>Contribution</u>	<u>Household Income</u>	<u>Contribution</u>	<u>Household Income</u>	<u>Contribution</u>
< \$25,000	0%; \$25.00*	\$40,000 - \$44,999	3%	\$55,000 - \$69,999	8%
\$25,000 - \$34,999	1%	\$45,000 - \$49,999	5%	\$70,000 - \$84,999	10%
\$35,000 - \$39,999	2%	\$50,000 - \$54,999	6%	> \$85,000	12%

**Twenty-five dollar processing fee*

I / We understand that, as the owner of the assisted property, I / We are responsible for maintaining said property in a lead-safe condition following the intervention performed and that a maintenance schedule for all treated surfaces not undergoing abatement is required. If maintenance is required I/We will attend a RRP class to learn techniques for lead safe work practices.

*Information for the RRP Class is available upon request. This class will be offered free of cost to participants in this program.

I / We understand that priority in renting unit(s) assisted under this program must be given to low income families with a child under the age of six years. All reasonable efforts must be made to comply with this rental priority. This rental priority will be in effect for not less than three (3) years following the completion of lead hazard control activities. If the property transfers ownership within those three years, I/We understand that a restriction must be incorporated into the deed transferring title to such property. Such deed restriction will require purchaser to comply with the above mentioned rental priority for the remainder of the three year period. I understand that this requirement shall be a non-negotiable condition of transfer of title.

Owner: Print name _____

Owner Signature _____

Date _____

Property Address (of house / unit to be enrolled; include city/zip) _____